

## Appendix A



### STATE OF WASHINGTON DEPARTMENT OF LABOR AND INDUSTRIES

Please answer all of the questions as best you can. If you do not have exact information, use your best estimate, or leave a response blank.

If your organization has more than one office or worksite in Washington, answer only for the one to which this survey was sent.

#### **Section 1. MUSCULOSKELETAL INJURIES**

This survey asks about **Musculoskeletal injuries**, which are injuries involving bones, joints, ligaments, tendons, muscles and related vessels and nerves. These injuries can be either:

**Acute:** One that occurs suddenly, such as a fractured arm, severed finger or sprained ankle; or

**Gradual onset injury:** One that occurs slowly over time, such as overexertion strain/sprain resulting in low back injury or tendonitis, resulting from repetitive movement and awkward postures. These are also known as repetitive strain injuries (RSI), cumulative trauma disorders (CTD) or occupational overuse syndromes (OOS).

1. Over the past three years, in which areas of the body have employees sustained musculoskeletal injury on the job at your office or worksite? (Check all that apply.)

- |                                   |   |  |  |
|-----------------------------------|---|--|--|
| <input type="checkbox"/> Neck     | <input type="checkbox"/> Hand/wrist/fingers | <input type="checkbox"/> Ankle/feet/toes | <input type="checkbox"/> None<br><input type="checkbox"/> Don't know |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hip                | <input type="checkbox"/> Upper back      |  |
| <input type="checkbox"/> Arm      | <input type="checkbox"/> Leg                | <input type="checkbox"/> Lower back      |  |
| <input type="checkbox"/> Elbow    | <input type="checkbox"/> Knee               |  |  |

*Skip to Section 2,  
Question 4.*

2. What percentage of the above injuries occurred suddenly (such as from a fall)? \_\_\_\_\_%
3. In the past three years, approximately how many musculoskeletal injuries (sudden and gradual) resulted in a workers' compensation claim. Your best estimate is okay.

1995	1996	1997
Number: _____ <input type="checkbox"/> None <input type="checkbox"/> Don't know	Number: _____ <input type="checkbox"/> None <input type="checkbox"/> Don't know	Number: _____ <input type="checkbox"/> None <input type="checkbox"/> Don't know

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### Section 2. PHYSICAL MOVEMENTS/POSITIONS WHILE WORKING

4. Do employees at your location perform these tasks? How many employees and for how long in a workday?

	Physical Movement/ Position	Done at this company? (If "No," go to next task.)	If "Yes," number of employees doing task for each time length (Write 0 if none.)		
			Less Than 2 Hours/Shift or Workday	2-4 Hours/Shift or Workday	More Than 4 Hours/Shift or Workday
A.	Lift or lower objects above the shoulders or below the knees or while twisting.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
B.	Lift 10+ lbs. more than once per minute.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
C.	Carry heavy loads (30+ lbs.) over 7 or more feet.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
D.	Pull or push heavy loads over 7 feet. (Heavy loads = wheeling 200+ lbs. or dragging 60+ lbs.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
E.	Use hand or knee as a hammer.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
F.	Use vibrating tools – grinders, impact wrenches, etc., or grasp vibrating handles or objects.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
G.	Repeatedly pinch small objects or tools between thumb and fingers or hold them a long time.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
H.	Work with non-powered hand tools.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
I.	Work with hands above shoulder level.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
J.	Repetitive movement of whole arm, including shoulder muscles, more than twice per minute.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
K.	Hold a fixed position while working (microscope work, welding, soldering small electronics, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No			
L.	Move lower arm(s) more than 10 times per minute using muscles of the forearm(s), wrist(s) or hand(s). <b>(Excludes typing.)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
M.	Use keyboard or mouse intensively. (Examples: data entry, word processing, computer graphics.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
N.	Sit on vibrating surfaces, machines or vehicles (such as forklifts, trucks).	<input type="checkbox"/> Yes <input type="checkbox"/> No			

5. How many workers lift or lower 50 pounds or more unassisted 10+ times per hour? No. \_\_\_\_\_

How many do so 1-9 times per hour? No. \_\_\_\_\_

How many do so about once per shift or workday? No. \_\_\_\_\_  
(If none, put 0.)

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### Section 3. PREVENTING/REDUCING INJURIES

6. In the last three years, has your organization taken steps to prevent or reduce musculoskeletal injuries?

- ☐ No. The reasons are *(check all that apply)*:
- ☐ The needed actions have been identified, but not implemented.
  - ☐ Other problems are a higher priority.
  - ☐ Company lacks the skills/knowledge to make changes.
  - ☐ The needed actions are too expensive to implement.
  - ☐ Don't know why.
  - ☐ Don't want to answer.
  - ☐ Musculoskeletal injuries are not a problem in this company.
  - ☐ Other \_\_\_\_\_

**If you answered "no," please go to Section 4, Question 10.**

- ☐ Yes. These steps were *(check all that apply)*:
- ☐ Change workstations, tools, equipment to reduce human exertion.
  - ☐ Improve maintenance of tools or equipment.
  - ☐ Provide adjustable workstations, equipment.
  - ☐ Provide variety of tasks for workers during their shift.
  - ☐ Reduce overtime work.
  - ☐ Provide stretching, exercises or physical fitness training.
  - ☐ Provide workers with protective equipment (kneepads, gloves).
  - ☐ Other \_\_\_\_\_

7. Why did your organization address musculoskeletal injuries? *(Check all that apply.)*

- ☐ Wanted to reduce injuries to workers.
- ☐ Needed to reduce workers' compensation claims and/or costs.
- ☐ Gave the company a competitive advantage.
- ☐ Expected other benefits (such as improved productivity, less absenteeism).
- ☐ Required by insurance company.
- ☐ Required by union contract.
- ☐ Required as a result of a WISHA inspection.
- ☐ Recommended in a WISHA consultation.
- ☐ Requested by employees or safety & health committee.
- ☐ Other \_\_\_\_\_

8. What are the results of your efforts to prevent or reduce musculoskeletal injuries?

	Decreased	Increased	Unchanged
Number of injuries .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severity of injuries .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee turnover .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absenteeism .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of your product/service .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of doing business .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee morale .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Does your organization have an ergonomics program?

- ☐ Yes ☐ No

9a. Does your organization have an ergonomics committee?

- ☐ Yes ☐ No

9b. Does your organization's health and safety committee address ergonomics issues?

- ☐ Yes ☐ No

9c. Does your ergonomics program cover the entire organization or only office/clerical jobs?

- ☐ The entire company. ☐ Only office/clerical jobs.

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9d. Which of the following are components of your ergonomics program: *(Check all that apply)*

- ☐ Management support and commitment of resources.
- ☐ Employees involved in identifying and correcting musculoskeletal hazards.
- ☐ Records review to identify musculoskeletal injuries and where/how they happen.
- ☐ Analysis of the work site for hazards.
- ☐ Modifications to minimize or eliminate hazards.
- ☐ Training for employees and supervisors.
- ☐ Program evaluation.
- ☐ Ergonomics committee

### Section 4. INFORMATION/TECHNICAL ASSISTANCE

10. Where do you currently obtain information about ergonomics? (**Ergonomics** is the design of jobs or workplaces that take into account human capabilities and limitations.) *(Check all that apply.)*

- ☐ Business or trade association.
- ☐ Ergonomic product vendor.
- ☐ Data searches, books, articles.
- ☐ Private consulting firm.
- ☐ Health care provider.
- ☐ Personnel or training staff.
- ☐ Safety and health committee.
- ☐ Union.
- ☐ WISHA or OSHA.
- ☐ Other: \_\_\_\_\_
- ☐ Don't obtain any information

11. Which of the following would help address musculoskeletal injuries in your organization? *(Check all that apply.)*

- ☐ Information on strategies to reduce the cost of workers' compensation claims.
- ☐ Training on developing and implementing an ergonomics program.
- ☐ On-site consultation on developing and implementing an ergonomics program.
- ☐ Voluntary guidelines covering ergonomics in specific industries.
- ☐ A state regulation covering musculoskeletal injuries.
- ☐ Discounted industrial insurance premiums for companies that reduce musculoskeletal injuries.
- ☐ Specific information and assistance in "best practices."
- ☐ Other \_\_\_\_\_

### Section 5. COMPANY BACKGROUND

12. If known, please indicate your standard industrial classification (SIC)? \_\_\_\_\_

13. What is the primary category of product/service your organization offers? (Examples: groceries, patient care, wood furniture manufacturing, accounting services.)  
\_\_\_\_\_

14. How long has your organization been in operation? \_\_\_\_\_ years

15. Thinking about the month just past, how many people were working at your location during that month? *(If none, put 0.)*

Full-time Employees	Part-time Employees	Contract or Long-Term Temporary Employees
Number: _____	Number: _____	Number: _____

16. Your title: *(Check the one that best fits.)*

- ☐ Owner
- ☐ Personnel manager
- ☐ Safety and health officer
- ☐ Production manager
- ☐ Other manager/supervisor
- ☐ Health care professional on staff
- ☐ Ergonomist
- ☐ Administrative assistant
- ☐ Other \_\_\_\_\_

**Thank you for completing this survey. Please return it in the postage-paid envelope as soon as possible.**